

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AK</i>	<i>70571</i>	<i>11/2</i>
O.I.P.E. CLASSIFIER	<i>X</i>		<i>11/4</i>
FORMALITY REVIEW	<i>MM</i>	<i>JCH/920</i>	<i>12-13-00</i>
RESPONSE FORMALITY REVIEW	<i>TZ</i>	<i>JC947</i>	<i>03/27/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	10/8/01
2	✓	✓	5/30/02
3	✓	✓	8/16/02
4	✓	✓	12/30/03
5	✓	✓	9/4/03
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
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47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	10/8/01
52	✓	✓	5/30/02
53	✓	✓	8/16/02
54	✓	✓	12/30/03
55	✓	✓	9/4/03
56	✓	✓	
57	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
103	✓	✓	
104	✓	✓	
105	✓	✓	
106	✓	✓	
107	✓	✓	
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142	✓	✓	
143	✓	✓	
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145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions  
staple additional sheet here

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